

Leaving the children with granny: The impact of mobility and long-distance travel during the postpartum period

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Retaining women in HIV care after delivery

Problem: High frequency of drop-out from HIV care among postpartum women

- Pattern: attend ANC visits, drop out after delivery

Background:

- Frequent urban/rural movement in South Africa
- Retention in HIV care estimates are limited to a single facility
- Pregnant women often travel around the time of delivery

Question: How does frequent population mobility in South Africa affect retention in postpartum HIV care?

Exploring mobility among “lost” women

Objective

- To use existing databases to determine the frequency of clinic switching among postpartum women in South Africa

Methods

- 300 women initiating ART during pregnancy at 6 clinics in Gauteng Province from 1 Jan 2012 – 31 July 2013 and considered LTFU (no visit ≥ 3 months)
- Manually searched for the LTFU women in the South African National Health Laboratory Services (NHLS) database using 2 methods

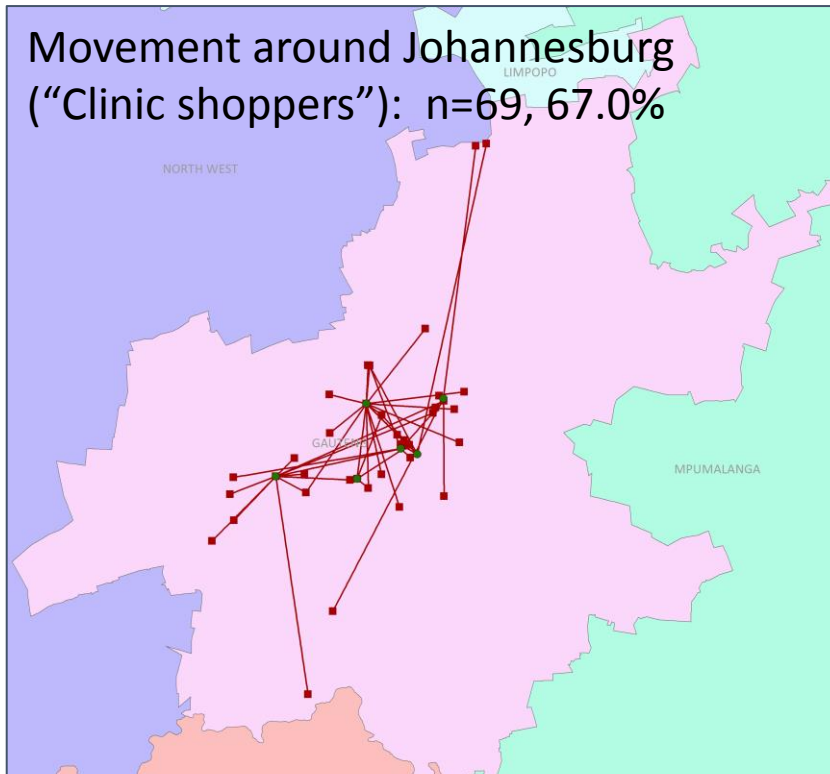
Exploring mobility, cont.

- Records found, including from the initiation site: 281/300 (93.7%)
- Median time between ART initiation and last clinic visit at initiation site: 3 months (104 days, IQR: 28-251)
- Continued HIV care: 103/281 (36.7%)

Cohort LTFU drops from **38.1% to 25.0%** if considering all 103 women as engaged in care

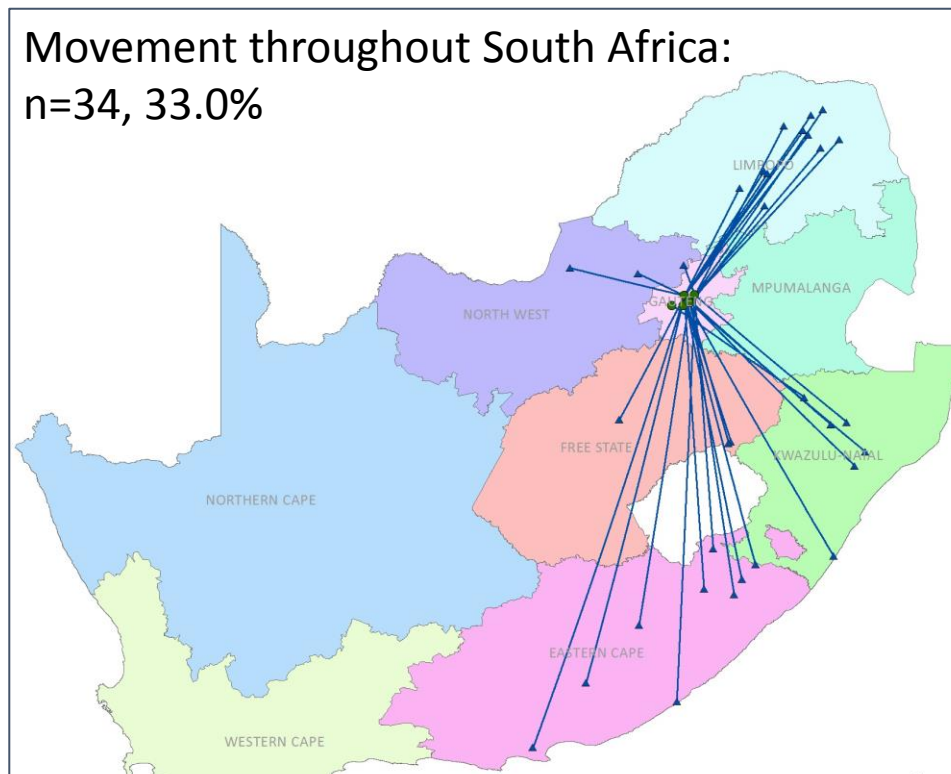
Mapping mobility among “lost” women

Movement around Johannesburg
 (“Clinic shoppers”): n=69, 67.0%



- Median distance to new clinic: 9.9 km
- Median days out of care: 373 days (IQR: 175-790)
- Median CD4 value upon re-entry: 327 cells/ μ l (IQR: 196-576)

Movement throughout South Africa:
n=34, 33.0%



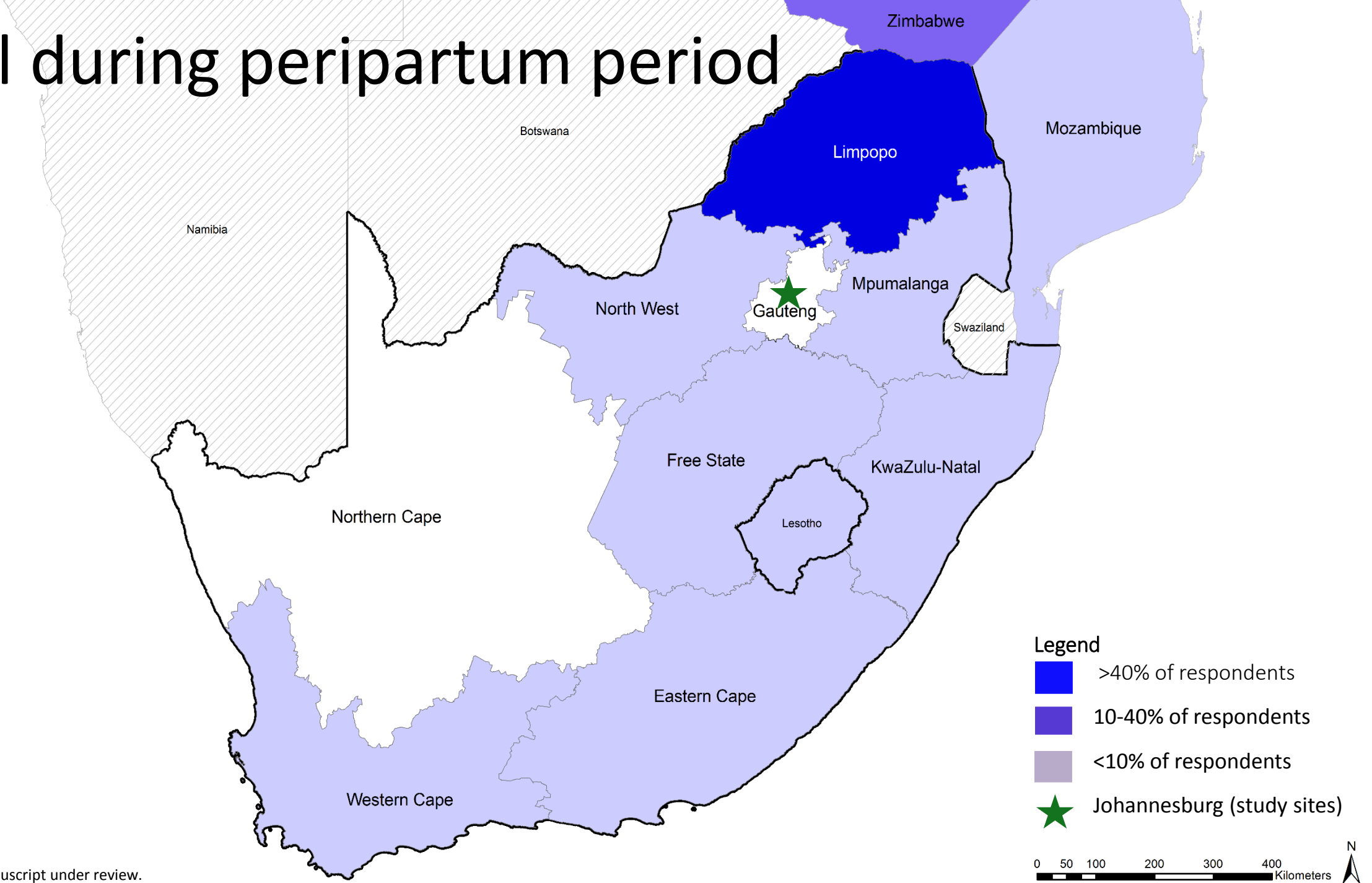
- Median distance to new clinic: 377.3 km
- Median days out of care: 175.5 days (IQR: 74-371)
- Median CD4 value upon re-entry: 493 cells/ μ l (IQR: 213-557)

Mobility around delivery

Interviewed 150 women peripartum women at 3 sites in Johannesburg: Ivory Park, Fourways (Diepsloot), Soweto

- 44% reported travel outside of town around delivery
 - Travel 3x more common after delivery
- Typically stayed with mother or mother-in-law
- Median duration: 30 days (IQR: 24-90)

Travel during peripartum period



Theme: stay with family

- “I will have maternity leave for four months and I will go home...just to see people.”
- “There is no one here who can help me with the baby, so I want to be with my mother after giving birth.”
- “This is my first child so I want my grandmother to teach me some other things about the baby.”

Theme: return to work and baby care

Nearly all the employed participants planned to return to work after maternity leave. Women often reported leaving the infant with family members in distant areas.

“My problem is that I knock off at night. The shop closes at eight. Just imagine where the baby will be at eight?...That’s why I say I don’t know; I’m not sure what I’m going to do.”

“I will go back to work after delivery so I will leave the baby with my mother.”

“After four or five months, maybe I will take it [the infant] to my mother then, because I’m working...because my salary can’t afford to pay crèche.”

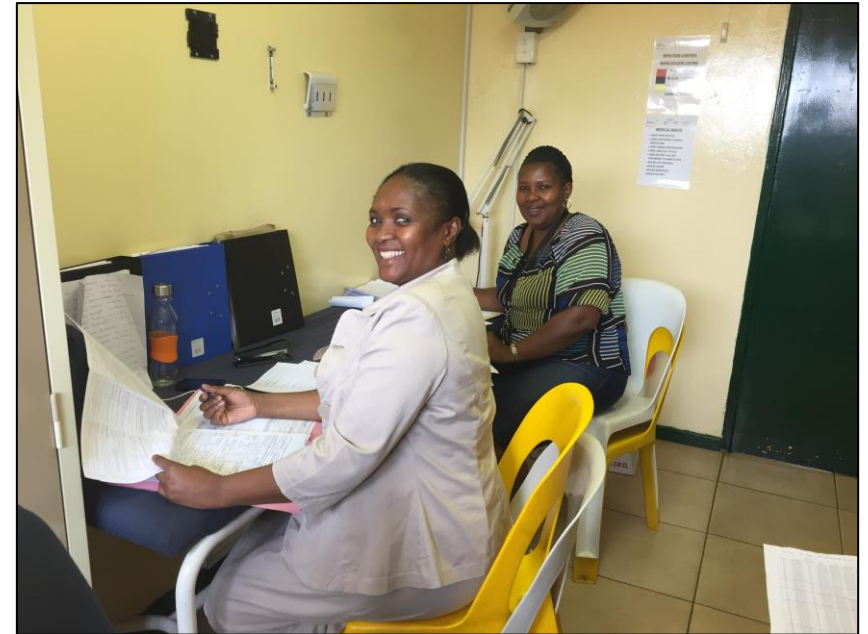
“I will go home maybe after two weeks [after delivery]...here at the shacks it’s not safe. It is not safe in the shack for a small baby.”

Key points

- The peripartum period is a time of frequent long-distance travel that may impact HIV care
- Current data systems are not equipped to address the needs of a mobile population
- Further research is needed to explore:
 - Interventions to improve postpartum engagement in HIV care
 - The impact of mobility on mother/child retention in HIV care
 - Outcomes of HIV-exposed and unexposed children left with distant families

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